### **MEMBERSHIP APPLICATION**

Kentucky Teachers' Retirement System 479 Versailles Road Frankfort, KY 40601-3800 Ph. (502) 848-8500

## Do Not Use this form if you are a KTRS RETIRED Member!

Retirees Returning to Work Need to Complete Form F-1RET which is the: Retiree Membership Application -- KTRS Retiree Returning to a KTRS Covered Position

This application is one of the most important documents you will complete in your teaching/employment career. Once employed in a position covered by KRS Chapter 161 your membership in Kentucky Teachers' Retirement System (KTRS) entitles you to valuable benefits. These benefits include survivor benefits and a \$2,000 life insurance benefit available to your beneficiary upon your death. It is vital that you follow the directions and complete this application accurately. Please type or print all requested information except for signatures. **Delay in sending this application to KTRS may jeopardize your survivor's eligibility for benefits.** 

#### INSTRUCTIONS

It is important that you carefully read the instructions before completion of this form. (For questions concerning this form, please call KTRS.)

## PART I

**MEMBER INFORMATION:** Use your full name, not initials. The name provided should be the same as the name used by your employer. **A copy of your social security card issued by the Social Security Administration and bearing your signature (not the stub that accompanies the card) is needed to verify the accuracy of this number. Your date of birth should be numerically listed (August 10, 1975 should be 08/10/1975). Address should be a permanent address. Any <b>future change** of name or address must be in **writing** to KTRS.

### PART II

**SPOUSE AND DEPENDENT INFORMATION** (If applicable): Format should follow instructions used for member information. Check to assure accuracy of social security numbers and birthdate information.

#### PART III -

**MEMBER EMPLOYMENT INFORMATION:** Please answer questions as indicated.

See back of page for additional instructions.

#### PART IV •

**BENEFICIARY DESIGNATION:** This section is extremely important and should be very carefully considered before completion. This section may be used to designate only a natural person or your estate as beneficiary. If you have any questions, please contact a KTRS counselor at (502)848-8500 **before** completion.

If you name more than one beneficiary, be sure to indicate if they are cobeneficiaries (who share equally) or whether one is the principal beneficiary and the other(s) are contingent beneficiaries (who receive benefits only if the principal is deceased). Your spouse must be listed as primary beneficiary to receive any survivor benefits. Minor children automatically qualify for survivor benefits, so it is not necessary to list them.

Whenever choice or events make a change of beneficiary desirable or necessary, **CONTACT KTRS AT ONCE for the required form**. [This form is also available on our web site at <a href="www.ktrs.org">www.ktrs.org</a>.] Failure to keep beneficiaries current can lead to unfortunate results and possible loss of valuable benefits.

KRS 161.480 provides that subsequent marriage voids your named beneficiary and your spouse becomes your beneficiary unless you complete a Change of Beneficiary Form [Form F-1(c)]. Divorce will terminate an ex-spouse designation as primary or contingent beneficiary. In this event, you should immediately complete Form F-1(c), which may be obtained by writing KTRS, if either of these actions occur.

The Law requires that if you have a living spouse <u>and</u> you designate someone else as your primary beneficiary, or if you designate your spouse <u>and</u> someone else as a co-beneficiary, the spouse must sign to show that they are aware they are not the listed primary beneficiary or the sole beneficiary.

Certain benefits are provided for a spouse or dependent under KRS 161.520 or 161.525. If you name a non-dependent and a dependent (or spouse) as cobeneficiaries, you may jeopardize the right of the dependent (or spouse) to full benefits. If there are questions concerning this situation, please contact KTRS.

#### PART V

**MEMBER'S AFFIDAVIT:** The member signature and witness signature are required before the account is established. After completion of Parts I through V, **return this form to your employer for completion.** 

#### PART VI

# EMPLOYER INFORMATION & CERTIFICATION To be completed by Employer

Complete Section VI and mail the application to KTRS within ten (10) days of the member's first service covered by this application. (Any questions, please call KTRS.)

#### MEMBERSHIP APPLICATION

## KENTUCKY TEACHERS' RETIREMENT SYSTEM

479 Versailles Road Frankfort, Kentucky 40601-3800 PART I -**MEMBER INFORMATION** NAME \_\_\_\_\_ First Middle Last MARITAL STATUS: SINGLE MARRIED \_\_\_ SOCIAL SECURITY NO. (Attach a copy of your Social Security Card) MAILING ADDRESS \_\_\_\_\_ Street or Box Number CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE NO. ( \_\_\_\_\_ ) \_\_\_\_\_ WORK PHONE NO. ( \_\_\_\_ ) \_\_\_\_ PART II -SPOUSE AND DEPENDENT INFORMATION NAME OF SPOUSE (If Applicable) LIST DEPENDENTS (Other Than Spouse) ATTACH LIST IF NECESSARY Birthdate Social Security Number Name Birthdate Social Security Number Name Birthdate Social Security Number PART III -MEMBER EMPLOYMENT INFORMATION (1) Have you taught in Kentucky Public Schools or were employed in a position covered by KTRS before this year. ☐ Yes (a) If yes, please provide name of employer and dates of employment: District/Agency \_ \_\_\_\_\_Year \_\_\_\_\_ (b) If yes, please provide your name(s) previously used, if different from Part I \_\_\_\_\_\_ (2) Have you ever withdrawn an account with the Kentucky Teachers' Retirement System? ...... Yes No (3) Have you ever withdrawn an account with the Kentucky Employees Retirement System, County Employees Retirement System, or State Police Retirement System? . . . . . . . . . . . Yes No

LEAVE ABOVE AREA BLANK (KTRS OFFICE USE ONLY)

Member's Name		Social Security Number			
PART IV		NAME ON A PROPERTY.			
	ENEFICIARY DES				
In the event of my death, I direct the B			s' Retirement Syste	m of the State of	
Kentucky to pay the proceeds of my acc					
Retirement Law concerning Survivor Be					
beneficiary, the spouse <u>must</u> sign be	low. (Please do n	ot leave this	s section blank. If	no beneficiary,	
please write Estate or none.)					
1.					
Name of <b>Primary</b> Beneficiary	Relation	n	Street Address, Box, or Route Number		
Beneficiary Social Security Number		City	State	Zip	
2.					
Name of Beneficiary (You must check a block if you enter a name or	line 2) Relation		Street Address, Box, or Ro	ute Number	
Beneficiary Social Security Number		City	State	Zip	
Co-Beneficiary Contingent Benefici	ary (Please Check (	One)			
I certify as the spouse of the member of thi					
Beneficiary of the account and would not be other named Beneficiaries under the Kentuc					
the applicant.	ky reachers kethem	ent bystein bu	i vivoi Bellent i logian	apon the death of	
	Signature of Spouse (if ap	oplicable)	Date	_	
PART V	8				
TAK! V	MEMBER'S AFF	FIDAVIT			
I understand that failure to meet the condition of my membership and a refund of my contribution.		specified in KF	RS Chapter 161, will re	sult in termination	
I certify that the statements I have made or	this form are true,	correct, and co	omplete to the best of	my knowledge and	
that the beneficiary designation is to remain					
in KRS Chapter 161.480.	Signature of Memb	er			
	_				
Member's signature must be witnessed by a the Member by blood or marriage.	n individual that has	s personal kno	wledge of the Member	but, not related to	
Ç					
Signature of Witness		Date _		<del></del>	
	CANNOT BE PROPER				
PART VI	S FILED IN THE RET	IREMENT OF	FICE		
	INFORMATION A	AND CERTIF	FICATION		
	(To be completed by	Employer)			
I certify that the member herein named in	this application is	emploved in a	Kentucky Teachers'	Retirement System	
covered position, as specified in KRS Chapte	er 161, in <u><b>one</b></u> of the f	following positi	ons:	veen emene System	
o Full-time contractual (.7 o o Substitute		Part-time con Part-time noi	tractual (less than .7)		
o Substitute		rait-tille lioi	1-Contractual		
Title or Position:			ill begin on (date)		
Days in Contract Period		кате of pay			
District/Agency		Signature of	Authorized District/Age	ncy Designee	
Designee Phone Number ()		Date of Sign	ature	, 20	